

LIMITED SOURCES JUSTIFICATION

ORDER >\$3,000

FAR PART 8.405-6

2237 Transaction # or Vista Equipment Transaction #: 578-12-4-904-0061

This acquisition is conducted under the authority of the Multiple Award Schedule Program. The material or service listed in par. 3 below is sole source, therefore, consideration of the number of contractors required by FAR Subpart 8.4 – Federal Supply Schedules, is precluded for the reasons indicated below.

Restricted to the following source: Provide original manufacturer's name for material or contractor's name for service. (If a sole source manufacturer distributes via dealers, ALSO provide dealer information.)

Manufacturer/Contractor: Sysmex America, Inc

Manufacturer/Contractor POC & phone number: Cathleen Fuhrman 847-996-4321

Mfr/Contractor Address: One Nelson C. White Parkway, Mundelein, IL 60060-

Dealer/Rep address/phone number: N/A

☒ The requested material or service represents the minimum requirements of the Government.

(1) AGENCY AND CONTRACTING ACTIVITY:

Department of Veterans Affairs

Great Lakes Acquisition Center, NCO12

115 S. 84th Street

Milwaukee, WI 53214

VISN:

12

(2) NATURE AND/OR DESCRIPTION OF ACTION BEING APPROVED: Sole Source Justification of an automated peripheral blood cell differential system on FSS Schedule 66; contract GS-07F-5531R.

(3) (a) A DESCRIPTION OF THE SUPPLIES OR SERVICES REQUIRED TO MEET THE AGENCY'S NEED:
Cellavision DM96 system with remote software and associated peripherals.

(b) ESTIMATED DOLLAR VALUE: \$170,515.00

(c) REQUIRED DELIVERY DATE: 9/30/2012

(4) IDENTIFICATION OF THE JUSTIFICATION RATIONALE (SEE FAR 8.405-6), AND IF APPLICABLE, A DEMONSTRATION OF THE PROPOSED CONTRACTOR'S UNIQUE QUALIFICATIONS TO PROVIDE THE REQUIRED SUPPLY OR SERVICE.

☒ Specific characteristics of the material or service that limit the availability to a sole source (unique features, function of the item, etc.). Describe in detail why only this suggested source can furnish the requirements to the exclusion of other sources.

The CellaVision DM96 is the only automated peripheral blood cell differential system where the analyzer segregates the major leukocyte (white blood cell) categories and has the ability to classify both the mature and immature cell sub-populations of these two major leukocyte groups.

(5) DESCRIBE WHY YOU BELIEVE THE ORDER REPRESENTS THE BEST VALUE CONSISTENT WITH FAR 8.4 TO AID THE CONTRACTING OFFICER IN MAKING THIS BEST VALUE DETERMINATION:

The acquisition of the Sysmex CellaVision will allow the Laboratory to provide the physician with additional diagnostic and clinical information that was only previously available through manual microscopy. The labor hour cost savings and reduced rate of processing errors through the lifecycle of the CellaVision system provides best value for this procurement.

(6) DESCRIBE THE MARKET RESEARCH CONDUCTED AMONG SCHEDULE HOLDERS AND THE RESULTS OR A STATEMENT OF THE REASON MARKET RESEARCH WAS NOT CONDUCTED:

The Contracting Officer conducted a website search of GSA Advantage utilizing the keyword "CellaVision" revealed Sysmex America is the only vendor who carries this product on a FSS Schedule and is the sole distributor. A search utilizing the keywords "blood cell differential system" resulted in only two products of which neither meet the needs for this procurement.

The Contracting Officer's Representative/Subject Matter Expert performed market research through GSA to identify other systems that have the same functionality as the CellaVision system and found no other system that could meet the minimum requirements of the facility.

(7) ANY OTHER FACTS SUPPORTING THE JUSTIFICATION:

None

(8) A STATEMENT OF THE ACTIONS, IF ANY, THE AGENCY MAY TAKE TO REMOVE OR OVERCOME ANY BARRIERS THAT LED TO THE RESTRICTED CONSIDERATION BEFORE ANY SUBSEQUENT ACQUISITION FOR THE SUPPLIES OR SERVICES IS MADE:

None. this is the only product which meets the requirements/specifications for the desired equipment.

(9) REQUIREMENTS CERTIFICATION: I certify that the requirement outlined in this justification is a Bona Fide Need of the Department of Veterans Affairs and that the supporting data under my cognizance, which are included in the justification, are accurate and complete to the best of my knowledge. I understand that processing of this limited sources justification restricts consideration of Federal Supply Schedule contractors to fewer than the number required by FAR Subpart 8.4. (This signature is the requestor's supervisor, fund control point official, chief of service or someone with responsibility and accountability.)

Larek Brown 8/27/12
SIGNATURE DATE
LAREK BROWN BUSINESS MANAGER PLM5/ADMIN
NAME TITLE SERVICE LINE/SECTION
HINES VA HOSPITAL (578)
FACILITY

(10) APPROVALS IN ACCORDANCE WITH FAR 8.405-6(d):

a. CONTRACTING OFFICER'S CERTIFICATION (required): I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[Signature] 8/27/2012
CONTRACTING OFFICER'S SIGNATURE DATE
DARRELL MAHAFFY Contracting officer GLAC NCO12
NAME AND TITLE FACILITY

c. NCM/PCM/DESIGNEE: I certify that the foregoing justification is accurate and complete to the best of my knowledge and belief.

[Signature] 8/28/2012
SIGNATURE DATE
CHRISTINE HANSEN
NAME
VISN X NCM/PCM